

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753005

1. Entity Name

INDIAN RIVER CHAPTER NO. 153 OF THE INSTITUTE OF

Principal Place of Business

HARBOR FEDERAL
601 ATLANTIC AVE
FT. PIERCE FL 34950
US

Mailing Address

100 S. 2ND STREET
P. O. BOX 249
FT. PIERCE FL 34950-4306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2168408

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEDGES, LINDA
501 S.E. WHITMORE DR
PORT ST LUCIE FL 34984

Name

Saunders, Runa

Street Address (P.O. Box Number is Not Acceptable)

2408 NEWPORT DR.

City

Ft. Pierce

FL

Zip Code

34982

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Runa Saunders

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/23/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME HEDGES, LINDA
STREET ADDRESS 5015 E WHITMORE DR
CITY-ST-ZIP PORT ST LUCIE FL 34984 ☐ Delete

TITLE D
NAME Hedges, Linda
STREET ADDRESS 5015 E. WHITMORE DR
CITY-ST-ZIP PORT ST LUCIE, FL 34984 ☒ Change ☐ Addition

TITLE VP
NAME SAUNDERS, RUNA
STREET ADDRESS 2408 NEWPORT DR
CITY-ST-ZIP FT PIERCE FL 34982 ☐ Delete

TITLE P
NAME SAUNDERS, Runa
STREET ADDRESS 2408 NEWPORT DR
CITY-ST-ZIP FT PIERCE, FL 34982 ☒ Change ☐ Addition

TITLE D
NAME FORREST, BONNIE
STREET ADDRESS 611 S.E. DEAGAN DR
CITY-ST-ZIP PORT ST LUCIE FL 34983 ☒ Delete

TITLE
NAME CARLISE, Heidi
STREET ADDRESS 5708 Birch DR
CITY-ST-ZIP Ft. Pierce, FL 34982 ☐ Change ☒ Addition

TITLE D
NAME LOUPE, CANDACE
STREET ADDRESS 2186 BARTHEL SR
CITY-ST-ZIP PORT ST LUCIE FL 34984 ☒ Delete

TITLE
NAME CRAFT, PATRICIA
STREET ADDRESS 4902 Lakewood PL DR.
CITY-ST-ZIP FT Pierce FL 34951 ☐ Change ☒ Addition

TITLE TD
NAME RICE, DONNA
STREET ADDRESS 4300 REDWOOD DRIVE
CITY-ST-ZIP FORT PIERCE FL ☐ Delete

TITLE VP
NAME Rice, DONNA
STREET ADDRESS 2400 South Ocean DR # 5421
CITY-ST-ZIP FT. Pierce, FL 34949 ☒ Change ☐ Addition

TITLE S
NAME MCGARRY, NANCY
STREET ADDRESS P.O. BOX 3584 N/A
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE S
NAME COOPER, CHRIS
STREET ADDRESS P.O. Box 880402
CITY-ST-ZIP PORT ST. LUCIE, FL 34988-0402 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Runa Saunders

8/23/00

561 460-7113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)